### Case 17-15977 Doc 1 Filed 05/23/17 Entered 05/23/17 16:04:08 Desc Main Document Page 1 of 48

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | Chapter 7                       |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ☐ Chapter 13                    | Check if this an amended filing |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1:   | Identify Yourself  |   |   |
|-----|---|--|---|---|
|     |   |  | About Debtor 1:                                 | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | You   | r full name  |   |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's | Tammy First name   | First name                                      |   |
|     |   | ise or passport).  | Middle name                                     | Middle name                                   |
|     | iden  | g your picture<br>tification to your<br>ting with the trustee.   | Windom Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  |   | other names you have<br>d in the last 8 years  |   |   |
|     |   | ide your married or<br>den names.  |   |   |
| 3.  | you<br>num<br>Indi  | y the last 4 digits of<br>r Social Security<br>ober or federal<br>vidual Taxpayer<br>tification number | xxx-xx-4819                                     |   |

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Case number (if known)

Debtor 1 Tammy Windom

|    |   | About Debtor 1:   | ļ | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|---|---|---|--|
| 1. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  |   | ☐ I have not used any business name or EINs.   |
|    | Include trade names and doing business as names   | Business name(s)  | E | Business name(s)   |
|    |   | EINs  | E | EINs   |
| 5. | Where you live  | 14836 Langley   | ı | f Debtor 2 lives at a different address:   |
|    |   | Dolton, IL 60419  Number, Street, City, State & ZIP Code  | 1 | Number, Street, City, State & ZIP Code   |
|    |   | Cook  |   |  |
|    |   | County  | ( | County   |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | i | f Debtor 2's mailing address is different from yours, fill it n here. Note that the court will send any notices to this nailing address. |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | N | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for  | Check one:  | ( | Check one:   |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                |   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                     |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  |   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |
|    |   |   |   |  |

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Document Case number (if known) Debtor 1 Tammy Windom

| Par | Tell the Court About   | our B      | ankruptcy Ca    | se                                |   |  |                   |
|-----|--|------------|-----------------|-----------------------------------|---|--|-------------------|
| 7.  | The chapter of the Bankruptcy Code you are   |            |                 |                                   | of each, see <i>Notice Required</i> f page 1 and check the approp | by 11 U.S.C. § 342(b) for Individuals Filing riate box.  | for Bankruptcy    |
|     | choosing to file under   | <b>■</b> C | hapter 7        |                                   |   |  |                   |
|     |  | □с         | hapter 11       |                                   |   |  |                   |
|     |  | □с         | hapter 12       |                                   |   |  |                   |
|     |  | □с         | hapter 13       |                                   |   |  |                   |
|     |  |            |                 |                                   |   |  |                   |
| 8.  | How you will pay the fee   | •          | about how yo    | u may pay. Туր<br>attorney is sub | pically, if you are paying the fee                                | neck with the clerk's office in your local court<br>yourself, you may pay with cash, cashier's<br>ehalf, your attorney may pay with a credit c | check, or money   |
|     |  |            |                 |                                   | tallments. If you choose this o                                   | ption, sign and attach the Application for Inc   | dividuals to Pay  |
|     |  |            |                 |                                   |   | tion only if you are filing for Chapter 7. By la   |                   |
|     |  |            | applies to you  | ır family size aı                 | nd you are unable to pay the fe                                   | your income is less than 150% of the offici e in installments). If you choose this option,   | you must fill out |
|     |  |            | the Application | n to Have the (                   | Chapter 7 Filing Fee Waived (C                                    | Official Form 103B) and file it with your petiti   | on.               |
|     |  |            |                 |                                   |   |  |                   |
| 9.  | Have you filed for bankruptcy within the   | ■ No       |                 |                                   |   |  |                   |
|     | last 8 years?  | □ Ye       |                 |                                   | 14.0  |  |                   |
|     |  |            | District        |                                   | When  |  |                   |
|     |  |            | District        |                                   | When  | Case number  |                   |
|     |  |            | District        |                                   | When  | Case number  |                   |
| 10. | Are any bankruptcy   | ■ No       |                 |                                   |   |  |                   |
|     | cases pending or being filed by a spouse who is  | □ Ye       |                 |                                   |   |  |                   |
|     | not filling this case with<br>you, or by a business<br>partner, or by an<br>affiliate? |            |                 |                                   |   |  |                   |
|     |  |            | Debtor          |                                   |   | Relationship to you  |                   |
|     |  |            | District        |                                   | When  | Case number, if known  |                   |
|     |  |            | Debtor          |                                   |   | Relationship to you  |                   |
|     |  |            | District        |                                   | When  | Case number, if known  |                   |
| 11. | Do you rent your residence?  | ■ No       | Go to I         | ne 12.                            |   |  |                   |
|     |  | □Y€        | es. Has yo      | ur landlord obta                  | ained an eviction judgment aga                                    | inst you and do you want to stay in your res   | sidence?          |
|     |  |            |                 | No. Go to line                    | 12.   |  |                   |
|     |  |            |                 | Yes. Fill out Inbankruptcy pe     |   | on Judgment Against You (Form 101A) and  | file it with this |
|     |  |            |                 |                                   |   |  |                   |

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Document Page 4 of 48 Case number (if known) Debtor 1 **Tammy Windom** Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor Go to Part 4. of any full- or part-time No. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Tammy Windom

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Document Page 6 of 48 Case number (if known) Debtor 1 **Tammy Windom** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10.000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion \$0 - \$50.000 estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Tammy Windom Signature of Debtor 2

Executed on

MM / DD / YYYY

**Tammy Windom** Signature of Debtor 1

Executed on May 23, 2017

MM / DD / YYYY

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Debtor 1 Tammy Windom Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Alexand               | der Tynkov             | Date          | May 23, 2017         |
|---------------------------|------------------------|---------------|----------------------|
| Signature of              | Attorney for Debtor    |               | MM / DD / YYYY       |
| Alexander<br>Printed name | Tynkov                 |               |                      |
| Zalutsky &                | Pinski, Ltd.           |               |                      |
| 111 W. Wa<br>Suite 1550   | <u> </u>               |               |                      |
| Chicago, I                |                        |               |                      |
| Number, Street,           | City, State & ZIP Code |               |                      |
| Contact phone             | 312-782-9792           | Email address | admin@ZAPLawFirm.com |
| 6273193                   |                        |               |                      |
| Barnumbar & St            | ato                    |               |                      |

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|                     |                          | Docume            | ent Page 8 of 48 |                                      |
|---------------------|--------------------------|-------------------|------------------|--------------------------------------|
| Fill in this infor  | rmation to identify your | case:             |                  |                                      |
| Debtor 1            | Tammy Windom             |                   |                  |                                      |
|                     | First Name               | Middle Name       | Last Name        |                                      |
| Debtor 2            |                          |                   |                  |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |                                      |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                                      |
| Case number         |                          |                   |                  |                                      |
| (if known)          |                          |                   |                  | ☐ Check if this is an amended filing |

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your a      | ssets<br>of what you own      |
|-----|--|-------------|-------------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 0.00                          |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 4,400.00                      |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 4,400.00                      |
| Par | t 2: Summarize Your Liabilities  |             |                               |
|     |  |             | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 300.00                        |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 0.00                          |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 12,397.00                     |
|     | Your total liabilities   | \$          | 12,697.00                     |
| Par | t 3: Summarize Your Income and Expenses  |             |                               |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 1,408.33                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 1,405.00                      |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |             |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | r other sch | nedules.                      |
| 7.  | ■ Yes What kind of debt do you have?   |             |                               |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Case number (if known) Debtor 1 Tammy Windom

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

1,485.52 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

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|             |              |                             | Document   | Page 10 of 48                     |                                |  |
|-------------|--------------|-----------------------------|--|-----------------------------------|--------------------------------|--|
| Fill in     | this info    | ormation to identify you    | r case and this filing:  |                                   |                                |  |
| Debto       | r 1          | Tammy Windom                |  |                                   |                                |  |
|             |              | First Name                  | Middle Name  | Last Name                         |                                |  |
| Debto       |              | Elect Name                  | Modella Nassa  | Last Name                         |                                |  |
| (Spouse     | , if filing) | First Name                  | Middle Name  | Last Name                         |                                |  |
| United      | l States I   | Bankruptcy Court for the:   | NORTHERN DISTRICT OF IL  | LINOIS                            |                                |  |
| Casar       | number       |                             |  |                                   |                                | Object Williams  |
| Case        | lullibei     |                             |  |                                   |                                | ☐ Check if this is an amended filing                       |
|             |              |                             |  |                                   |                                | g  |
|             |              |                             |  |                                   |                                |  |
| Offic       | cial F       | orm 106A/B                  |  |                                   |                                |  |
| Sch         | nedu         | ile A/B: Prop               | perty  |                                   |                                | 12/15  |
|             |              | <b>_</b>                    | be items. List an asset only once.                               | If an asset fits in more than or  | ne category, list the asset in | the category where you                                     |
| hink it     | fits best.   | Be as complete and accur    | ate as possible. If two married peo                              | ople are filing together, both ar | re equally responsible for s   | upplying correct   |
|             | every qu     |                             | h a separate sheet to this form. Or                              | the top of any additional page    | s, write your name and cas     | se number (ir known).                                      |
|             | • · ·        |                             |  |                                   |                                |  |
| Part 1:     | Descri       | be Each Residence, Buildin  | g, Land, or Other Real Estate You                                | Own or Have an Interest In        |                                |  |
| . Do y      | ou own c     | r have any legal or equitab | le interest in any residence, buildi                             | ing, land, or similar property?   |                                |  |
| =           |              |                             |  |                                   |                                |  |
| _           | o. Go to F   |                             |  |                                   |                                |  |
| ☐ Ye        | es. Wher     | e is the property?          |  |                                   |                                |  |
| Part 2:     | Descri       | oe Your Vehicles            |  |                                   |                                |  |
|             |              |                             |  |                                   |                                |  |
|             |              |                             | uitable interest in any vehicle                                  |                                   |                                | ehicles you own that                                       |
| someor      | ne else d    | drives. If you lease a vehi | cle, also report it on <i>Schedule G</i>                         | : Executory Contracts and Ur      | nexpired Leases.               |  |
| 3. Car      | s, vans,     | trucks, tractors, sport u   | itility vehicles, motorcycles                                    |                                   |                                |  |
| _           |              | •                           |  |                                   |                                |  |
| ПΝ          | lo           |                             |  |                                   |                                |  |
| Y           | es           |                             |  |                                   |                                |  |
|             |              |                             |  |                                   |                                |  |
| 3.1         | Make:        | Honda                       | Who has an interest in   | n the property? Check one         |                                | claims or exemptions. Put red claims on <i>Schedule D:</i> |
|             | Model:       | Odysey                      | ■ Debtor 1 only  |                                   |                                | aims Secured by Property.                                  |
|             | Year:        | 2001                        | ☐ Debtor 2 only  |                                   | Current value of the           | Current value of the                                       |
|             | Approxim     | nate mileage: 200,          | 000+ ☐ Debtor 1 and Debtor                                       | - ,                               | entire property?               | portion you own?   |
| _           | Other inf    | ormation:                   | At least one of the d  | lebtors and another               |                                |  |
|             |              |                             |  |                                   | \$1,500.00                     | \$1,500.00   |
|             |              |                             | (see instructions)   | nmunity property                  | 41,000.00                      | Ψ1,000.00  |
|             |              |                             |  |                                   |                                |  |
|             |              |                             |  |                                   |                                |  |
|             |              |                             | ATVs and other recreational vesonal watercraft, fishing vessels, |                                   |                                |  |
| LXUI        | пріса. В     | oats, trailers, motors, per | onal waterclant, naming vessels,                                 | , snowmobiles, motorcycle ac      | ,003301103                     |  |
| ■ N         | lo           |                             |  |                                   |                                |  |
| ПΥ          | es           |                             |  |                                   |                                |  |
|             |              |                             |  |                                   |                                |  |
|             |              |                             |  |                                   |                                |  |
| 5 <b>Ad</b> | d the do     | llar value of the portion   | you own for all of your entries                                  | s from Part 2, including any      | v entries for                  | <b>4</b>   |
|             |              |                             | 2. Write that number here  |                                   |                                | \$1,500.00   |
|             | _            |                             |  |                                   |                                |  |
| Part 3:     | Descri       | oe Your Personal and Hous   | sehold Items   |                                   |                                |  |
| Do yo       | u own o      | r have any legal or equi    | table interest in any of the foll                                | lowing items?                     |                                | Current value of the                                       |
|             |              |                             |  |                                   |                                | portion you own?  Do not deduct secured                    |
|             |              |                             |  |                                   |                                | claims or exemptions.                                      |
|             |              |                             |  |                                   |                                | •  |

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

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Case number (if known) Document Debtor 1 **Tammy Windom** Yes. Describe..... \$500.00 1 room of furniture - standard household goods 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... \$400.00 1 TV, sparce other electronics 8. Collectibles of value Examples: Antiques and figurines: paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... used personal clothing \$600.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$1,000.00 Engagement ring, gold necklace, costume jewelery 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,500.00 for Part 3. Write that number here .....

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Doc 1

Current value of the portion you own? Do not deduct secured

Desc Main

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Case number (if known) Document Debtor 1 **Tammy Windom** claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... **TCF Bank** \$400.00 Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No

Yes............ Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

■ No

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No☐ Yes. Give specific information about them...

☐ Yes. Give specific information about them...

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Case number (if known) Document Debtor 1 **Tammy Windom** 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: Whole life policy through Bankers **Oldest Daughter -**\$0.00 policy less than 1 year old Deshean 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. Nο ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$400.00 for Part 4. Write that number here..... Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property?

Schedule A/B: Property

No. Go to Part 6.
Official Form 106A/B

Case 17-15977

Doc 1

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| Debto        |  | Document                | Page 14 of         | 0/23/17 10.04.08<br>48<br>Case number (if known) | Desc Main    |            |
|--------------|--|-------------------------|--------------------|--|--------------|------------|
| ΠY           | es. Go to line 38.   |                         |                    |  |              |            |
| Part 6:      | Describe Any Farm- and Commercial Fishing-Rel<br>If you own or have an interest in farmland, list it in Pa |                         | or Have an Interes | st In.   |              |            |
|              | you own or have any legal or equitable inter   | rest in any farm- or o  | commercial fishir  | g-related property?                              |              |            |
|              | No. Go to Part 7.  |                         |                    |  |              |            |
|              | Yes. Go to line 47.  |                         |                    |  |              |            |
| Part 7:      | Describe All Property You Own or Have an I   | nterest in That You Did | Not List Above     |  |              |            |
|              |  |                         |                    |  |              |            |
|              | o you have other property of any kind you did<br>examples: Season tickets, country club membersl           |                         |                    |  |              |            |
|              |  |                         |                    |  |              |            |
|              | Yes. Give specific information   |                         |                    |  |              |            |
|              |  |                         |                    | Γ  |              |            |
| 54. <i>A</i> | Add the dollar value of all of your entries from   | n Part 7. Write that n  | umber here         |  |              | \$0.00     |
|              |  |                         |                    | L  |              |            |
| Part 8:      | List the Totals of Each Part of this Form  |                         |                    |  |              |            |
| 55. <b>F</b> | Part 1: Total real estate, line 2  |                         |                    |  |              | \$0.00     |
| 56. <b>F</b> | Part 2: Total vehicles, line 5   |                         | \$1,500.00         |  |              |            |
| 57. <b>F</b> | Part 3: Total personal and household items, li   | ine 15                  | \$2,500.00         |  |              |            |
| 58. <b>F</b> | Part 4: Total financial assets, line 36  |                         | \$400.00           |  |              |            |
| 59. <b>F</b> | Part 5: Total business-related property, line 4  |                         | \$0.00             |  |              |            |
| 60. <b>F</b> | Part 6: Total farm- and fishing-related propert  | y, line 52              | \$0.00             |  |              |            |
| 61. <b>F</b> | Part 7: Total other property not listed, line 54   | +                       | \$0.00             |  |              |            |
| 62. <b>1</b> | <b>Fotal personal property.</b> Add lines 56 through 6   | 51                      | \$4,400.00         | Copy personal property to                        | otal <u></u> | \$4,400.00 |
| 63. <b>1</b> | Total of all property on Schedule A/B. Add line  | e 55 + line 62          |                    |  | \$4,4        | 100.00     |

Official Form 106A/B Schedule A/B: Property page 5

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|                     |                          |                   | III FAUE 13 UL40 |                                      |
|---------------------|--------------------------|-------------------|------------------|--------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |                  |                                      |
| Debtor 1            | Tammy Windom             |                   |                  |                                      |
|                     | First Name               | Middle Name       | Last Name        |                                      |
| Debtor 2            |                          |                   |                  |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |                                      |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                                      |
| Case number         |                          |                   |                  |                                      |
| (if known)          |                          |                   |                  | ☐ Check if this is an amended filing |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the Pro | perty You | Claim as | Exempt |
|---------|----------|---------|-----------|----------|--------|
|---------|----------|---------|-----------|----------|--------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the portion you own     | Amo                                    | ount of the exemption you claim                                 | Specific laws that allow exemption  |  |  |  |
|--|--|---|---|--|--|--|
| Copy the value from<br>Schedule A/B      | Check only one box for each exemption. |   |   |  |  |  |
| m of furniture - standard \$500.00 = \$5 |  | \$500.00  | 735 ILCS 5/12-1001(b)   |  |  |  |
|  |  | 100% of fair market value, up to any applicable statutory limit |   |  |  |  |
| \$400.00                                 |  | \$400.00  | 735 ILCS 5/12-1001(b)   |  |  |  |
|  |  | 100% of fair market value, up to any applicable statutory limit |   |  |  |  |
| \$600.00                                 |  | 100%  | 735 ILCS 5/12-1001(a)   |  |  |  |
|  |  | 100% of fair market value, up to any applicable statutory limit |   |  |  |  |
| \$1,000.00                               |  | \$1,000.00  | 735 ILCS 5/12-1001(b)   |  |  |  |
|  |  | 100% of fair market value, up to any applicable statutory limit |   |  |  |  |
| \$400.00                                 |  | \$400.00  | 735 ILCS 5/12-1001(b)   |  |  |  |
|  |  | 100% of fair market value, up to any applicable statutory limit |   |  |  |  |
|  | \$500.00 \$1,000.00                    | \$500.00  | Schedule A/B  \$500.00  \$500.00  \$500.00  \$500.00  \$500.00  \$100% of fair market value, up to any applicable statutory limit  \$400.00  \$100% of fair market value, up to any applicable statutory limit  \$600.00  \$100% of fair market value, up to any applicable statutory limit  \$1,000.00  \$1,000.00  \$1,000.00  \$1,000.00  \$1,000.00  \$1,000.00  \$400.00 |  |  |  |

Case 17-15977 Filed 05/23/17 Desc Main Entered 05/23/17 16:04:08 Document Page 16 of 48 Debtor 1 Tammy Windom Case number (if known) 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

Doc 1

Yes

| Ca  | se 17-15977                 | Doc 1 Filed 05/23/17  Document  | Entered<br>Page 17 o | 05/23/17 16:0  | 4:08 Desc M                                  | 1ain                     |
|---|-----------------------------|---|----------------------|--|--|--------------------------|
| Fill in this inforn                         | nation to identify you      |   | 1 7000 17 0          | <i>//</i> 40   |  |                          |
| Debtor 1                                    | Tammy Windon                | 1   |                      |  |  |                          |
|   | First Name                  | Middle Name   | Last Name            |  |  |                          |
| Debtor 2<br>(Spouse if, filing)             | First Name                  | Middle Name   | Last Name            |  |  |                          |
| United States Bar                           | nkruptcy Court for the:     | NORTHERN DISTRICT OF ILL  | INOIS                |  |  |                          |
| Case number                                 |                             |   |                      |  |  |                          |
| (if known)                                  |                             |   |                      |  | _  | if this is an            |
|   |                             |   |                      |  | amend  | led filing               |
| Official Form                               | n 106D                      |   |                      |  |  |                          |
| Schedule                                    | D: Creditors                | Who Have Claims S   | Secured              | by Property  | •  | 12/15                    |
|   |                             | If two married people are filing togethout, number the entries, and attach it t         |                      |  |  |                          |
| . Do any creditors                          | have claims secured by      | your property?  |                      |  |  |                          |
| ☐ No. Check                                 | this box and submit the     | his form to the court with your other   | schedules. You       | have nothing else to                                   | report on this form.                         |                          |
| Yes. Fill in                                | all of the information      | below.  |                      |  |  |                          |
| Part 1: List Al                             | I Secured Claims            |   |                      |  |  |                          |
| 2. List all secured                         | claims. If a creditor has r | more than one secured claim, list the cree  | ditor separately     | Column A   | Column B                                     | Column C                 |
| for each claim. If m                        | ore than one creditor has   | a particular claim, list the other creditors cal order according to the creditor's name | s in Part 2. As      | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Credit Acc                              | ceptance Corp               | Describe the property that secures t  | he claim:            | \$300.00   | \$1,500.00                                   | \$0.00                   |
| Creditor's Name                             |                             | 2001 Honda Odysey 200,000   | + miles              |  |  |                          |
| P. O. Box<br>Dept. 1888                     |                             | As of the date you file, the claim is: apply.   | Check all that       |  |  |                          |
| Detroit, M                                  | I 48255                     | ☐ Contingent  |                      |  |  |                          |
| Number, Street,                             | , City, State & Zip Code    | ☐ Unliquidated  |                      |  |  |                          |
|   |                             | ☐ Disputed  |                      |  |  |                          |
| Who owes the de                             | bt? Check one.              | Nature of lien. Check all that apply.   |                      |  |  |                          |
| Debtor 1 only                               |                             | ☐ An agreement you made (such as r car loan)  | mortgage or secure   | ed   |  |                          |
| Debtor 2 only                               |                             | _   |                      |  |  |                          |
| Debtor 1 and De                             |                             | Statutory lien (such as tax lien, med   | chanic's lien)       |  |  |                          |
| _   | ne debtors and another      | ☐ Judgment lien from a lawsuit  |                      |  |  |                          |
| ☐ Check if this classification Community de |                             | ☐ Other (including a right to offset)   |                      |  |  |                          |
| Date debt was incu                          | urred                       | Last 4 digits of account numb   | per                  |  |  |                          |
|   |                             |   |                      |  |  |                          |
|   | •                           | olumn A on this page. Write that numl   | ber here:            | \$300  | 0.00   |                          |
| If this is the last<br>Write that number    |                             | the dollar value totals from all pages.   |                      | \$300  | 0.00   |                          |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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|   |  | Document   | Page 1  | 8 of 48   |   |
|---|--|--|---|---|---|
| Fill in this inf  | ormation to identify your o  | case:  |   |   |   |
| Debtor 1  | Tammy Windom   |  |   |   |   |
|   | First Name   | Middle Name  | Last Name   |   |   |
| Debtor 2<br>Spouse if, filing)  | First Name   | Middle Name  | Last Name   |   |   |
|   | Danis unter Carrettan than   | NODTHERN DISTRICT OF III   | LINOIC  |   |   |
| United States   | Bankruptcy Court for the:  | NORTHERN DISTRICT OF ILI   | LINOIS  |   |   |
| Case number<br>(if known)   |  |  |   |   | ☐ Check if this is an   |
|   |  |  |   |   | amended filing  |
|   | orm 106E/F<br>E/F: Creditors W   | ho Have Unsecured  | Claims  |   | 12/15   |
| ny executory control of the dule G: Execute C: Execute | ontracts or unexpired leases<br>ecutory Contracts and Unexpi<br>ditors Who Have Claims Sect<br>Continuation Page to this pag<br>number (if known). | that could result in a claim. Also I<br>ired Leases (Official Form 106G). I<br>ured by Property. If more space is<br>e. If you have no information to re | ist executory o<br>Do not include<br>needed, copy t | ontracts on Schedule A/B: Prope<br>any creditors with partially secur<br>the Part you need, fill it out, numb | red claims that are listed in ber the entries in the boxes on the |
|   | t All of Your PRIORITY Un  |  |   |   |   |
|   | ditors have priority unsecured   | d claims against you?  |   |   |   |
| ■ No. Go t  | to Part 2.   |  |   |   |   |
| ☐ Yes.  Part 2: Lis   | t All of Your NONPRIORIT   | V Unequired Claims   |   |   |   |
|   |  |  |   |   |   |
|   | ditors have nonpriority unsec  |  |   |   |   |
| □ No. You   | have nothing to report in this pa  | art. Submit this form to the court with  | your other sche                                     | dules.  |   |
| Yes.  |  |  |   |   |   |
| unsecured of  | claim, list the creditor separately  | aims in the alphabetical order of the<br>of for each claim. For each claim listed<br>st the other creditors in Part 3.If you l                           | d, identify what t                                  | ype of claim it is. Do not list claims a  | already included in Part 1. If more                               |
|   |  |  |   |   | Total claim   |
| 4.1 Berks   | shire Bk   | Last 4 digits of acc   | ount number   | 1183  | \$440.00  |
| Nonpri  | ority Creditor's Name  |  |   | 0   |   |
|   | ox 472<br>ston, NJ 08528   | When was the debt  | t incurred?   | Opened 6/28/05 Last Ac 3/14/17  | ctive   |
|   | er Street City State Zlp Code  | As of the date you   | file, the claim i                                   | is: Check all that apply  |   |
|   | ncurred the debt? Check one.   | ·  | ,   | 117   |   |
| ■ Deb   | otor 1 only  | ☐ Contingent   |   |   |   |
| ☐ Deb   | otor 2 only  | ☐ Unliquidated   |   |   |   |
| ☐ Deb   | otor 1 and Debtor 2 only   | ☐ Disputed   |   |   |   |
| ☐ At I  | east one of the debtors and and  | other Type of NONPRIOR   | RITY unsecured                                      | d claim:  |   |
| ☐ Che   | eck if this claim is for a comm  |  |   |   |   |
| debt<br>Is the  | claim subject to offset?   | ☐ Obligations arising report as priority clain   |   | ration agreement or divorce that yo   | u did not   |
| ■ No  | -  |  |   | g plans, and other similar debts  |   |
| ☐ Yes   | 3  | Other. Specify   | Credit Card   | 1   |   |
|   | -  | - Other, Specify   |   | ·   |   |

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Debtor 1 Tammy Windom Case number (if know) 4.2 Cardworks/CW Nexus \$1,545.00 Last 4 digits of account number 4670 Nonpriority Creditor's Name Attn: Bankruptcy Opened 02/13 Last Active Po Box 9201 When was the debt incurred? 7/03/16 Old Bethpage, NY 11804 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes **Credit Acceptance** 4.3 Last 4 digits of account number 9724 \$538.00 Nonpriority Creditor's Name 25505 West 12 Mile Rd Opened 04/14 Last Active **Suite 3000** When was the debt incurred? 4/03/17 Southfield, MI 48034 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Automobile** Other. Specify 4.4 Fifth Third Bank Last 4 digits of account number 3042 \$1,693.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 11/19/08 Last Active 1850 East Paris Ave, Se When was the debt incurred? 7/15/16 Grand Rapds, MI 49546 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

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Debtor 1 Tammy Windom Case number (if know) 4.5 \$113.00 Franciscan Alliance Inc. Last 4 digits of account number 8803 Nonpriority Creditor's Name 28044 Network Place When was the debt incurred? Chicago, IL 60673-1280 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.6 OneMain Last 4 digits of account number 5432 \$3,177.00 Nonpriority Creditor's Name Attn: Bankruptcv Opened 10/14 Last Active 601 Nw 2nd St When was the debt incurred? 5/31/16 Evansville, IN 47708 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Secured ☐ Yes 4.7 \$54.00 **Payliance** 9304 Last 4 digits of account number Nonpriority Creditor's Name 3 Easton Oval Ste 210 When was the debt incurred? **Opened 10/10** Columbus, OH 43219 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Returned Check Curves - Dolton ☐ Yes

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Case number (if know)

| Debtor | <sup>1</sup> Tammy Windom  |  | Case number (if know)                         |            |
|--------|--|--|---|------------|
|        | Synchrony Bank/Care Credit   | Last 4 digits of account number  | 4125  | \$0.00     |
|        | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 956060 Orlando, FL 32896   | When was the debt incurred?  | Opened 03/13 Last Active 7/05/16              |            |
| -      | Number Street City State Zlp Code  Who incurred the debt? Check one.           | As of the date you file, the claim   | is: Check all that apply                      |            |
|        | ■ Debtor 1 only  | ☐ Contingent   |   |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|        | At least one of the debtors and another  | Type of NONPRIORITY unsecure   | d claim:                                      |            |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset?  | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
|        | No   | Debts to pension or profit-sharin  | g plans, and other similar debts              |            |
|        | □ Yes  | Other. Specify Charge Acc  |   |            |
|        | Synchrony Bank/Walmart   | Last 4 digits of account number  | 9925  | \$4,804.00 |
|        | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 956060 Orlando, FL 32896   | When was the debt incurred?  | Opened 10/15 Last Active 6/06/16              |            |
|        | Number Street City State Zlp Code  | As of the date you file, the claim   | is: Check all that apply                      |            |
|        | Who incurred the debt? Check one.  |  |   |            |
|        | Debtor 1 only  | ☐ Contingent   |   |            |
|        | Debtor 2 only  | ☐ Unliquidated   |   |            |
|        | Debtor 1 and Debtor 2 only   | Disputed   |   |            |
|        | At least one of the debtors and another  | Type of NONPRIORITY unsecured  ☐ Student loans                               | d claim:                                      |            |
|        | ☐ Check if this claim is for a community debt  Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims                 |   |            |
|        | ■ No   | Debts to pension or profit-sharing   | g plans, and other similar debts              |            |
|        | □ Yes  | Other. Specify Credit Card   |   |            |
| 4.1    | Synchrony Bank/Walmart   | Last 4 digits of account number  | 7337  | \$0.00     |
|        | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 956060 Orlando, FL 32896   | When was the debt incurred?  | Opened 6/12/14 Last Active 10/11/15           |            |
| -      | Number Street City State Zlp Code  Who incurred the debt? Check one.           | As of the date you file, the claim   | is: Check all that apply                      |            |
|        | Debtor 1 only  | ☐ Contingent   |   |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|        | $\square$ At least one of the debtors and another                              | Type of NONPRIORITY unsecure   |   |            |
|        | Check if this claim is for a community   | Student loans  |   |            |
|        | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims                   | aration agreement or divorce that you did not |            |
|        | No   | Debts to pension or profit-sharin  | g plans, and other similar debts              |            |
|        | □ Yes  | ■ Other Specify Charge Acc   |   |            |
|        | • •  | - Other Opening  |   |            |

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Case number (if know)

| 4.1<br>1 | <br>  Target  | Last 4 digits of account number   | 1282   | \$33.00 |  |  |  |
|----------|---|---|--|---------|--|--|--|
| •        | Nonpriority Creditor's Name C/O Financial & Retail Srvs Mailstopn BT POB 9475 Minneapolis, MN 55440 | When was the debt incurred?   | Opened 9/19/01 Last Active 4/24/17           |         |  |  |  |
|          | Number Street City State Zlp Code   | As of the date you file, the claim i  | s: Check all that apply                      |         |  |  |  |
|          | Who incurred the debt? Check one.   |   |  |         |  |  |  |
|          | Debtor 1 only   | ☐ Contingent  |  |         |  |  |  |
|          | ☐ Debtor 2 only   | ☐ Unliquidated  |  |         |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |         |  |  |  |
|          | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                     |         |  |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |  |         |  |  |  |
|          | debt Is the claim subject to offset?  | Obligations arising out of a sepa<br>report as priority claims                                  | ration agreement or divorce that you did not |         |  |  |  |
|          | ■ No  | Debts to pension or profit-sharin   | g plans, and other similar debts             |         |  |  |  |
|          | ☐ Yes   | Other Specify Credit Card   |  |         |  |  |  |
|          |   | - Other. Specify  |  |         |  |  |  |
| 4.1<br>2 | Turner Accep  | Last 4 digits of account number   | 9654   | \$0.00  |  |  |  |
|          | Nonpriority Creditor's Name   |   | Opened 2/27/06 Last Active                   |         |  |  |  |
|          | 5900 W Howard St<br>Skokie, IL 60077  | When was the debt incurred?   | 1/31/07                                      |         |  |  |  |
|          | Number Street City State Zlp Code   | As of the date you file, the claim i  | s: Check all that apply                      |         |  |  |  |
|          | Who incurred the debt? Check one.   |   |  |         |  |  |  |
|          | Debtor 1 only   | ☐ Contingent  |  |         |  |  |  |
|          | ☐ Debtor 2 only   | ☐ Unliquidated  |  |         |  |  |  |
|          | Debtor 1 and Debtor 2 only  | Disputed  |  |         |  |  |  |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                     |         |  |  |  |
|          | ☐ Check if this claim is for a community debt   | ☐ Student loans   |  |         |  |  |  |
|          | Is the claim subject to offset?   | report as priority claims   | ration agreement or divorce that you did not |         |  |  |  |
|          | ■ No  | Debts to pension or profit-sharin   | g plans, and other similar debts             |         |  |  |  |
|          | ☐ Yes   | Other. Specify Automobile   | 3  |         |  |  |  |
| 4.1      | Wffnb Retail  |   | 9213   | \$0.00  |  |  |  |
| 3        | Nonpriority Creditor's Name   | Last 4 digits of account number   |  | φυ.υυ   |  |  |  |
|          | Cscl Dispute Team Des Moines, IA 50306  | When was the debt incurred?   | Opened 10/12/11 Last Active 5/26/13          |         |  |  |  |
|          | Number Street City State Zlp Code   | As of the date you file, the claim i  | s: Check all that apply                      |         |  |  |  |
|          | Who incurred the debt? Check one.   |   |  |         |  |  |  |
|          | Debtor 1 only   | ☐ Contingent  |  |         |  |  |  |
|          | ☐ Debtor 2 only   | ☐ Unliquidated  |  |         |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  |   |  |         |  |  |  |
|          | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured   |  |         |  |  |  |
|          | ☐ Check if this claim is for a community debt   | ty Student loans  Obligations arising out of a separation agreement or divorce that you did not |  |         |  |  |  |
|          | Is the claim subject to offset?   | report as priority claims   | ·  |         |  |  |  |
|          | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts             |         |  |  |  |
|          | Yes   | ■ Other. Specify Charge Acc   | count  |         |  |  |  |

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 Tammy Windom

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     | 7  | Total Claim |
|-----------------------|-----|---|-----|----|-------------|
|                       | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total                 |     |   |     |    | _           |
| claims from Part 1    | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00        |
|                       | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|                       | C.f | Chadantilaana   | Ct. |    | Total Claim |
| Total                 | 6f. | Student loans   | 6f. | \$ | 0.00        |
| claims<br>from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|                       | 6h. | • • • •   | 6h. | \$ | 0.00        |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 12,397.00   |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 12,397.00   |

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|                     |                          | 1700.11111        | 111 FAUC / 4 UI 40 |  |
|---------------------|--------------------------|-------------------|--------------------|--|
| Fill in this infor  | rmation to identify your | case:             |                    |  |
| Debtor 1            | <b>Tammy Windom</b>      |                   |                    |  |
|                     | First Name               | Middle Name       | Last Name          |  |
| Debtor 2            |                          |                   |                    |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name          |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS        |  |
| Case number         |                          |                   |                    |  |
| (ii kilowii)        |                          |                   |                    |  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company wit<br>Name, Numb | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|---------------------------|---|-------------------|---|
| 2.1 |           |                           |   |                   |   |
|     | Name      |                           |   |                   | _                                       |
|     | Number    | Street                    |   |                   | _                                       |
|     | City      |                           | State   | ZIP Code          | <del>-</del>                            |
| 2.2 |           |                           |   |                   |   |
|     | Name      |                           |   |                   |   |
|     | Number    | Street                    |   |                   | _                                       |
|     | City      |                           | State   | ZIP Code          | <del>_</del>                            |
| 2.3 |           |                           |   |                   |   |
|     | Name      |                           |   |                   | _                                       |
|     | Number    | Street                    |   |                   |   |
|     | City      |                           | State   | ZIP Code          | _                                       |
| 2.4 |           |                           |   |                   |   |
|     | Name      |                           |   |                   | _                                       |
|     | Number    | Street                    |   |                   | _                                       |
|     | City      |                           | State   | ZIP Code          |   |
| 2.5 |           |                           |   |                   |   |
|     | Name      |                           |   |                   |   |
|     | Number    | Street                    |   |                   | _                                       |
|     | City      |                           | State   | ZIP Code          | <del>_</del>                            |
|     |           |                           |   |                   |   |

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|                           |  | Docume                        | ent Page 25 d           | of 48   |   |
|---------------------------|--|-------------------------------|-------------------------|---|---|
| Fill in this              | information to identify your   | case:                         |                         |   |   |
| Debtor 1                  | Tammy Windom   |                               |                         |   |   |
| Dobto: 1                  | First Name   | Middle Name                   | Last Name               |   |   |
| Debtor 2                  |  |                               |                         |   |   |
| (Spouse if, filir         | ng) First Name   | Middle Name                   | Last Name               |   |   |
| United Sta                | tes Bankruptcy Court for the:  | NORTHERN DISTRICT             | OF ILLINOIS             |   |   |
| Casa numb                 | hor  |                               |                         |   |   |
| Case numb<br>(if known)   |  |                               |                         |   | ☐ Check if this is an   |
|                           |  |                               |                         |   | amended filing  |
|                           |  |                               |                         | ·   |   |
| Official                  | l Form 106H  |                               |                         |   |   |
| Sched                     | lule H: Your Code  | ehtors                        |                         |   | 12/15   |
| Jenea                     | idie II. Todi Codi   | CDIOIS                        |                         |   | 12/13   |
|                           | and case number (if known). you have any codebtors? (If y                  | , ,                           |                         | as a codebtor.  |   |
| ■ No<br>□ Yes             | <b>S</b>   |                               |                         |   |   |
|                           | hin the last 8 years, have you<br>a, California, Idaho, Louisiana,         |                               |                         |   | ates and territories include  |
|                           |  |                               |                         |   |   |
|                           | Go to line 3.  |                               |                         |   |   |
| ⊔ Yes                     | s. Did your spouse, former spou  | ise, or legal equivalent live | e with you at the time? |   |   |
| in line<br>Form<br>out Co | 2 again as a codebtor only it<br>106D), Schedule E/F (Official<br>olumn 2. | f that person is a guaran     | tor or cosigner. Make   | sure you have listed the o<br>16G). Use Schedule D, Sch | ith you. List the person shown<br>reditor on Schedule D (Official<br>nedule E/F, or Schedule G to fil |
|                           | Column 1: Your codebtor Name, Number, Street, City, State and ZII          | P Code                        |                         | Check all schedules the                                 | or to whom you owe the debt<br>nat apply:   |
| 3.1                       |  |                               |                         | ☐ Schedule D, line                                      |   |
|                           | Name   |                               |                         | ☐ Schedule E/F, line                                    |   |
|                           |  |                               |                         | ☐ Schedule G, line                                      |   |
| -                         | Ni washana Otanasi   |                               |                         |   |   |
|                           | Number Street<br>City  | State                         | ZIP Code                |   |   |
|                           | - •  |                               |                         |   |   |
|                           |  |                               |                         |   |   |
| 3.2                       | Name   |                               |                         | Schedule D, line  |   |
|                           | INGILIE  |                               |                         | ☐ Schedule E/F, line                                    |   |
|                           |  |                               |                         | ☐ Schedule G, line                                      |   |
|                           | Number Street  | State                         | ZIP Code                | _   |   |
|                           | LIIV   | Siale                         | ZIP LOGE                |   |   |

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| Fill               | in this information to identify your c  | ase:                          |   |                        |               |                             |                                     |                      |                 |
|--------------------|---|-------------------------------|---|------------------------|---------------|-----------------------------|-------------------------------------|----------------------|-----------------|
|                    | otor 1 Tammy Win  |                               |   |                        |               |                             |                                     |                      |                 |
|                    | otor 2  |                               |   |                        | _             |                             |                                     |                      |                 |
| Uni                | ted States Bankruptcy Court for the   | : NORTHERN DISTRIC            | CT OF ILLINOIS                                |                        | _             |                             |                                     |                      |                 |
|                    | se number   |                               |   |                        |               |                             |                                     | •                    | chapter         |
| 0                  | fficial Form 106I   |                               |   |                        |               | MM / DD/ Y                  | YYY                                 | -                    |                 |
| S                  | chedule I: Your Inc   | ome                           |   |                        |               |                             |                                     |                      | 12/15           |
| sup<br>spo<br>atta | as complete and accurate as pos-<br>plying correct information. If you<br>use. If you are separated and you<br>ch a separate sheet to this form.<br>tt: | are married and not filing wi | ng jointly, and your sith you, do not include | spouse i:<br>de inforn | s living with | h you, inclu<br>ut your spo | ude information<br>ouse. If more sp | n about<br>bace is r | your<br>needed, |
| 1.                 | Fill in your employment information.  |                               | Debtor 1                                      |                        |               | Debtor 2                    | or non-filing s                     | spouse               |                 |
|                    | If you have more than one job,  | Employment status             | ■ Employed                                    |                        |               | ☐ Emplo                     | oyed                                |                      |                 |
|                    | attach a separate page with information about additional  | Employment status             | ☐ Not employed                                | ☐ Not employed         |               |                             | mployed                             |                      |                 |
|                    | employers.  | Occupation                    | Caregiver                                     |                        |               |                             |                                     |                      |                 |
|                    | Include part-time, seasonal, or self-employed work.   | Employer's name               | Premiere Home Svs.                            | Health                 | Care          |                             |                                     |                      |                 |
|                    | Occupation may include student or homemaker, if it applies.   | Employer's address            | 445 Hamilton Av                               |                        | floor         |                             |                                     |                      |                 |
|                    |   | How long employed ti          | here? 20 year                                 | S                      |               |                             |                                     |                      |                 |
| Par                | t 2: Give Details About Mor   | nthly Income                  |   |                        |               |                             |                                     |                      |                 |
|                    | mate monthly income as of the duse unless you are separated.  | ate you file this form. If y  | you have nothing to re                        | eport for a            | any line, wri | te \$0 in the               | space. Include                      | your non             | n-filing        |
|                    | u or your non-filing spouse have mees space, attach a separate sheet to   |                               | ombine the information                        | n for all e            | mployers fo   | r that perso                | n on the lines b                    | elow. If y           | ou need         |
|                    |   |                               |   |                        | For De        | ebtor 1                     | For Debtor 2<br>non-filing sp       |                      |                 |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,  |                               |   | 2.                     | \$            | 1,950.00                    | \$                                  | N/A                  |                 |
| 3.                 | Estimate and list monthly overt   | ime pay.                      |   | 3.                     | +\$           | 0.00                        | +\$                                 | N/A                  |                 |
| 4.                 | Calculate gross Income. Add lin   | ne 2 + line 3.                |   | 4.                     | \$1,9         | 950.00                      | \$                                  | N/A                  |                 |

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| Deb | tor 1                      | Tammy Windom  | -        | C          | ase i     | number (if known) |            |                  |                |                  |
|-----|----------------------------|---|----------|------------|-----------|-------------------|------------|------------------|----------------|------------------|
|     |                            |   |          |            |           | Debtor 1          | non-f      | ebtor<br>iling s | pouse          |                  |
|     | Cop                        | by line 4 here  | 4.       |            | \$_       | 1,950.00          | \$         |                  | N/A            | _                |
| 5.  | List                       | all payroll deductions:   |          |            |           |                   |            |                  |                |                  |
|     | 5a.                        | Tax, Medicare, and Social Security deductions   | 5a       | ١.         | \$        | 541.67            | \$         |                  | N/A            |                  |
|     | 5b.                        | Mandatory contributions for retirement plans  | 5b       | ٠.         | \$        | 0.00              | \$         |                  | N/A            | _                |
|     | 5c.                        | Voluntary contributions for retirement plans  | 5c       |            | \$        | 0.00              | \$         |                  | N/A            | _                |
|     | 5d.                        | Required repayments of retirement fund loans  | 5d       |            | \$        | 0.00              | \$         |                  | N/A            | _                |
|     | 5e.                        | Insurance   | 5e       |            | \$        | 0.00              | \$         |                  | N/A            | _                |
|     | 5f.                        | Domestic support obligations  | 5f.      |            | \$        | 0.00              | \$         |                  | N/A            | _                |
|     | 5g.<br>5h.                 | Union dues Other deductions. Specify:   | 5g<br>5h |            | \$_<br>\$ | 0.00              | \$<br>+ \$ |                  | N/A<br>N/A     | _                |
|     |                            | · · · · · · · · · · · · · · · · · · ·   | _        |            | · —       |                   | · : —      |                  |                | _                |
| 6.  |                            | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.       |            | \$        | 541.67            | \$         |                  | N/A            | _                |
| 7.  | Cal                        | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.       |            | \$        | 1,408.33          | \$         |                  | N/A            | _                |
| 8.  | List<br>8a.                | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a       | ı <b>.</b> | \$        | 0.00              | \$         |                  | N/A            |                  |
|     | 8b.                        | Interest and dividends  | 8b       | ٠.         | \$        | 0.00              | \$         |                  | N/A            | _                |
|     | 8c.                        | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c       |            | \$        | 0.00              | \$         |                  | N/A            |                  |
|     | 8d.                        | Unemployment compensation   | 8d       | l.         | \$        | 0.00              | \$         |                  | N/A            | _                |
|     | 8e.                        | Social Security   | 8e       | ٠.         | \$        | 0.00              | \$         |                  | N/A            | _                |
|     | 8f.                        | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:          | 8f.      |            | \$        | 0.00              | \$         |                  | N/A            | _                |
|     | 8g.                        | Pension or retirement income  | 8g<br>8h |            | \$_<br>\$ | 0.00              | —          |                  | N/A<br>N/A     | _                |
|     | 8h.                        | Other monthly income. Specify:  | _ 011    | .+         | Φ         | 0.00              | + J        |                  | N/A            | _                |
| 9.  | Add                        | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.       | \$         |           | 0.00              | \$         |                  | N/             | 4                |
| 10  | Cal                        | culate monthly income. Add line 7 + line 9.   | 10.      | \$         |           | 1,408.33 + \$     |            | N/A              | = \$           | 1,408.33         |
|     |                            | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |          | *-         |           | -                 |            |                  |                | 1,400.00         |
| 11. | Star<br>Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:       | depe     |            | ,         | •                 | •          | chedule<br>11.   |                | 0.00             |
| 12. |                            | If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certainlies   |          |            |           |                   |            | 12.              | \$             | 1,408.33         |
| 13. | Do                         | you expect an increase or decrease within the year after you file this form'  | ?        |            |           |                   |            |                  | Combi<br>month | ned<br>ly income |
|     | _                          | No.   |          |            |           |                   |            |                  |                |                  |

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|       | in this information to identify your case:  |                          |               |                    |   |
|-------|---|--------------------------|---------------|--------------------|---|
|       | otor 1 Tammy Windom   |                          | Chec          | k if this is:      |   |
|       | ranning windom  |                          |               | An amended filing  |   |
|       | ouse, if filing)  |                          |               |                    | ving postpetition chapter the following date: |
| (Spc  | ouse, ii ming)  |                          |               | 13 expenses as or  | ine following date.                           |
| Unite | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILL   | INOIS                    | 1             | MM / DD / YYYY     |   |
|       | nown)   |                          |               |                    |   |
| Of    | fficial Form 106J   |                          |               |                    |   |
| Sc    | chedule J: Your Expenses  |                          |               |                    | 12/1  |
| info  | as complete and accurate as possible. If two married people<br>ormation. If more space is needed, attach another sheet to thi<br>mber (if known). Answer every question.    |                          |               |                    |   |
| Part  | t 1: Describe Your Household Is this a joint case?  |                          |               |                    |   |
|       | ■ No. Go to line 2.   |                          |               |                    |   |
|       | Yes. Does Debtor 2 live in a separate household?  |                          |               |                    |   |
|       | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expens</i>  | ses for Separate House   | ehold of Debt | or 2.              |   |
| 2.    | Do you have dependents? ☐ No  | ,                        |               |                    |   |
| ۷.    | Do not list Debtor 1 and Yes Fill out this information for  |                          |               | Dependent's age    | Does dependent live with you?                 |
|       | Debtor 2. each dependent  | Desici 1 of Desic        | 1 <b>Z</b>    | age                | □ No  |
|       | Do not state the dependents names.  | Daughter                 |               | 15                 | ■ Yes   |
|       | dependente names.   |                          |               |                    | □ No  |
|       |   |                          |               |                    | ☐ Yes   |
|       |   |                          |               |                    | □ No  |
|       |   |                          |               |                    | ☐ Yes   |
|       |   |                          |               |                    | □ No  |
| 3.    | Do your expenses include  |                          |               |                    | ☐ Yes   |
| J.    | expenses of people other than yourself and your dependents?   |                          |               |                    |   |
| Esti  | t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless benses as of a date after the bankruptcy is filed. If this is a su |                          |               |                    |   |
| -     | olicable date.  | ppromontal corrodar.     | o, oncon un   | o non at the top o |   |
| the   | lude expenses paid for with non-cash government assistance value of such assistance and have included it on <i>Schedule I</i> ficial Form 106I.)                            |                          |               | Your expo          | enses   |
| 4.    | The rental or home ownership expenses for your residence payments and any rent for the ground or lot.   | e. Include first mortgag | e<br>4. \$    |                    | 325.00  |
|       | If not included in line 4:  |                          |               |                    |   |
|       | 4a. Real estate taxes   |                          | 4a. \$        |                    | 0.00  |
|       | 4b. Property, homeowner's, or renter's insurance  |                          | 4b. \$        |                    | 0.00  |
|       | 4c. Home maintenance, repair, and upkeep expenses   |                          | 4c. \$        |                    | 0.00  |
| _     | 4d. Homeowner's association or condominium dues   |                          | 4d. \$        |                    | 0.00  |
| 5.    | Additional mortgage payments for your residence, such as I  | home equity loans        | 5. \$         |                    | 0.00  |

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| Deb | otor 1  | Tammy \       | Vindom  | Case                             | e num | ber (if known) |                               |
|-----|---------|---------------|---|----------------------------------|-------|----------------|-------------------------------|
| 6.  | Utiliti | ies:          |   |                                  |       |                |                               |
| ٥.  | 6a.     |               | heat, natural gas   |                                  | 6a.   | \$             | 0.00                          |
|     | 6b.     |               | ver, garbage collection   |                                  | 6b.   | \$             | 0.00                          |
|     | 6c.     |               | e, cell phone, Internet, satellite, and cal                                       | le services                      | 6c.   | \$             | 155.00                        |
|     | 6d.     | Other. Spe    |   |                                  | 6d.   | ·              | 0.00                          |
| 7.  | Food    |               | ekeeping supplies   |                                  | 7.    | · -            | 400.00                        |
| 8.  |         |               | hildren's education costs   |                                  | 8.    | \$             | 0.00                          |
| 9.  |         |               | ry, and dry cleaning  |                                  | 9.    | \$             | 100.00                        |
|     |         | •             | roducts and services  |                                  | 10.   | ·              | 80.00                         |
|     |         | -             | ntal expenses   |                                  | 11.   | ·              | 110.00                        |
|     |         |               | Include gas, maintenance, bus or train  | fare.                            |       | •              |                               |
|     |         |               | ar payments.  |                                  | 12.   | \$             | 145.00                        |
| 13. | Enter   | rtainment,    | clubs, recreation, newspapers, mag  | azines, and books                | 13.   | \$             | 0.00                          |
| 14. | Char    | itable cont   | ributions and religious donations   |                                  | 14.   | \$             | 0.00                          |
| 15. | Insur   | rance.        |   |                                  |       |                |                               |
|     |         |               | surance deducted from your pay or inc   |                                  |       |                |                               |
|     |         | Life insura   |   |                                  | 15a.  | *              | 45.00                         |
|     | 15b.    | Health ins    | urance  |                                  | 15b.  | \$             | 0.00                          |
|     | 15c.    | Vehicle ins   | surance   |                                  | 15c.  | \$             | 45.00                         |
|     |         |               | rance. Specify:   |                                  | 15d.  | \$             | 0.00                          |
| 16. |         |               | clude taxes deducted from your pay or   | included in lines 4 or 20.       |       | _              |                               |
|     | Speci   | •             |   |                                  | 16.   | \$             | 0.00                          |
| 17. |         |               | ease payments:  |                                  | 47-   | Φ.             | 0.00                          |
|     |         |               | ents for Vehicle 1  |                                  | 17a.  | ·              | 0.00                          |
|     |         |               | ents for Vehicle 2  |                                  | 17b.  |                | 0.00                          |
|     |         | Other. Spe    | -   |                                  | 17c.  | ·              | 0.00                          |
|     |         | Other. Spe    |   |                                  | 17d.  | \$             | 0.00                          |
| 18. |         |               | of alimony, maintenance, and suppo  |                                  | 18.   | \$             | 0.00                          |
| 10  |         |               | your pay on line 5, <i>Schedule I, Your</i><br>s you make to support others who d |                                  | 10.   | Ψ<br>•         | 0.00                          |
| 15. | Speci   |               | you make to support others who u  | That he with you.                | 19.   | Ψ              | 0.00                          |
| 20  | •       |               | erty expenses not included in lines   | or 5 of this form or on Schedule |       | our Income     |                               |
| 20. |         |               | on other property   |                                  | 20a.  |                | 0.00                          |
|     |         | Real estat    |   |                                  | 20b.  | · -            | 0.00                          |
|     |         |               | nomeowner's, or renter's insurance  |                                  | 20c.  | ·              | 0.00                          |
|     |         |               | ce, repair, and upkeep expenses   |                                  | 20d.  |                | 0.00                          |
|     |         |               | er's association or condominium dues  |                                  | 20e.  |                | 0.00                          |
| 21  |         | r: Specify:   | 0.00000.0000.0000.000.000.0000.0000.0000  |                                  | 21.   | *              | 0.00                          |
| ۷۱. | Othic   | . Opcony.     | -   | <del></del>                      | ۷.,   | Γ              | 0.00                          |
| 22. |         |               | nonthly expenses  |                                  |       |                |                               |
|     |         | Add lines 4   | _   |                                  |       | \$             | 1,405.00                      |
|     | 22b. (  | Copy line 22  | 2 (monthly expenses for Debtor 2), if a   | ny, from Official Form 106J-2    |       | \$             |                               |
|     | 22c. /  | Add line 22a  | a and 22b. The result is your monthly   | expenses.                        |       | \$             | 1,405.00                      |
| 00  | Cala    |               |   |                                  |       |                |                               |
| 23. |         | •             | monthly net income.   | es Cabadula I                    | 00-   | Φ.             | 4 400 00                      |
|     |         |               | 12 (your combined monthly income) from  |                                  | 23a.  |                | 1,408.33                      |
|     | 23D.    | Copy your     | monthly expenses from line 22c above  | <b>).</b>                        | 23b.  | - <b>\$</b>    | 1,405.00                      |
|     | 220     | Cubtract      | our monthly avanage from your month   | ly income                        |       |                |                               |
|     | 230.    |               | our monthly expenses from your month<br>is your <i>monthly net income</i> .       | lly income.                      | 23c.  | \$             | 3.33                          |
|     |         | ino result    | Jour monary not mounte.   |                                  |       | I              |                               |
| 24. |         |               | an increase or decrease in your expe  |                                  |       |                |                               |
|     | For ex  | kample, do yo | u expect to finish paying for your car loan w                                     |                                  |       |                | ease or decrease because of a |
|     |         |               | terms of your mortgage?   |                                  |       |                |                               |
|     | ■ No    |               |   |                                  |       |                |                               |
|     | □Y€     | es.           | Explain here:   |                                  |       |                |                               |

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| Fill in this infor  | mation to identify your                         | case:                     |                           |                         |  |
|---|---|---------------------------|---------------------------|-------------------------|--|
| Debtor 1  | Tammy Windom                                    |                           |                           |                         |  |
|   | First Name                                      | Middle Name               | Last Name                 |                         |  |
| Debtor 2<br>(Spouse if, filing)                           | First Name                                      | Middle Name               | Last Name                 |                         |  |
| United States Ba  | ankruptcy Court for the:                        | NORTHERN DISTRICT         | OF ILLINOIS               |                         |  |
| Case number (if known)                                    |   |                           |                           |                         | ☐ Check if this is an amended filing                                     |
| Official Forr<br><b>Declarat</b>                          |   | an Individual             | Debtor's Sc               | hedules                 | 12/15  |
| You must file thi<br>obtaining money<br>years, or both. 1 | is form whenever you f                          | n connection with a bankr | or amended schedules.     | . Making a false state  | ment, concealing property, or<br>0, or imprisonment for up to 20         |
| Did you pa  | y or agree to pay some                          | one who is NOT an attorn  | ey to help you fill out b | eankruptcy forms?       |  |
| ■ No  |   |                           |                           |                         |  |
| ☐ Yes. I  | Name of person                                  |                           |                           |                         | rruptcy Petition Preparer's Notice,<br>and Signature (Official Form 119) |
|   | alty of perjury, I declare<br>true and correct. | that I have read the sumn | nary and schedules file   | d with this declaration | n and  |
| X /s/ Tan   | nmy Windom                                      |                           | X                         |                         |  |
| Tamm  | y Windom  |                           | Signature of              | Debtor 2                |  |

Date

Signature of Debtor 1

Date May 23, 2017

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| ΞIII               | in this inform        | ation to identify you                      | r case.                               |   |  |                                       |
|--------------------|-----------------------|--|---------------------------------------|---|--|---------------------------------------|
|                    | otor 1                | Tammy Windom                               |                                       |   |  |                                       |
| Der                | NOI I                 | First Name                                 | Middle Name                           | Last Name   |  |                                       |
|                    | otor 2                | First Name                                 | Middle Name                           | Last Name   |  |                                       |
|                    | use if, filing)       |  |                                       |   |  |                                       |
| Unit               | ted States Bar        | kruptcy Court for the:                     | NORTHERN DISTRICT (                   | OF ILLINOIS   |  |                                       |
| Cas<br>(if kn      | e number              |  |                                       |   | _  | Check if this is an<br>Imended filing |
| Sta                | s complete a          | of Financial                               | ble. If two married people a          |   | ankruptcy equally responsible for sup                          |                                       |
|                    |                       | ). Answer every ques                       | stion.<br>Irital Status and Where You | Lived Refere  |  |                                       |
|                    | <u> </u>              | current marital statu                      |                                       | Lived Belore  |  |                                       |
|                    | ☐ Married ■ Not marri |  |                                       |   |  |                                       |
| 2.                 | During the la         | st 3 vears. have you                       | lived anywhere other than             | where you live now?   |  |                                       |
|                    | _                     | , , , , , ,                                | ,                                     |   |  |                                       |
|                    | ■ No □ Yes. List      | all of the places you li                   | ived in the last 3 years. Do no       | ot include where you live now   | <i>I</i> .   |                                       |
|                    | Debtor 1 Pri          | or Address:                                | Dates Debtor 1 lived there            | Debtor 2 Prior Ad   | dress:   | Dates Debtor 2<br>lived there         |
| <b>3.</b><br>state |                       |  |                                       |   | ity property state or territor<br>ico, Texas, Washington and V |                                       |
|                    | ■ No<br>□ Yes. Ma     | ke sure you fill out <i>Sch</i>            | nedule H: Your Codebtors (O           | fficial Form 106H).   |  |                                       |
| Par                | Explain               | n the Sources of You                       | r Income                              |   |  |                                       |
|                    | Fill in the tota      | I amount of income yo                      | u received from all jobs and a        | ng a business during this yeall businesses, including parter together, list it only once ur |  | ndar years?                           |
|                    | □ No ■ Yes. Fill      | in the details.                            |                                       |   |  |                                       |
|                    |                       |  | Debtor 1                              |   | Debtor 2   |                                       |
|                    |                       |  | Sources of income                     | Gross income  | Sources of income  | Gross income                          |
|                    |                       |  | Check all that apply.                 | (before deductions and exclusions)  | Check all that apply.  | (before deductions and exclusions)    |
|                    |                       | of current year until<br>I for bankruptcy: | ■ Wages, commissions, bonuses, tips   | \$6,432.71  | ☐ Wages, commissions, bonuses, tips                            |                                       |
|                    |                       |  | ☐ Operating a business                |   | ☐ Operating a business   |                                       |

Official Form 107

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|      |  |  |   | Debtor 1  |  |  |   | Debtor 2                              |                              |  |
|------|--|--|---|---|--|--|---|---------------------------------------|------------------------------|--|
|      |  |  |   | Sources of ir<br>Check all that   |  | (befo  | s income<br>re deductions and<br>sions)   | Sources of in Check all that          |                              | Gross income<br>(before deductions<br>and exclusions)            |
|      | r last calen<br>inuary 1 to                    | dar year:<br>December                        | 31, 2016 )  | ■ Wages, co bonuses, tips   | ages, commissions, \$13,271.43   |  | Wages, corbonuses, tips   | ☐ Wages, commissions, bonuses, tips   |                              |  |
|      |  |  |   | ☐ Operating   | a business   |  |   | ☐ Operating a                         | business                     |  |
|      |  | dar year be<br>December                      |   | ■ Wages, co bonuses, tips   | mmissions,   |  | \$18,217.00   | ☐ Wages, cor<br>bonuses, tips         | nmissions,                   |  |
|      |  |  |   | ☐ Operating   | a business   |  |   | ☐ Operating a                         | business                     |  |
| 5.   | Include include and other winnings.  List each | come regard<br>public bene<br>If you are fil | dless of whet<br>fit payments;<br>ing a joint ca<br>the gross inc   | her that income in pensions; rentanged seens and you have   | is taxable. Exa<br>I income; inter<br>income that y  | amples or<br>rest; divi<br>you rece                                      | dends; money colle<br>ived together, list i   | alimony; child sup                    | royalties; and<br>ebtor 1.   | ecurity, unemployment,<br>d gambling and lottery                 |
|      | ☐ res.   | riii in the d                                | etalis.   |   |  |  |   |                                       |                              |  |
|      |  |  |   | Debtor 1  |  |  |   | Debtor 2                              |                              |  |
|      |  |  |   | Sources of in<br>Describe below   |  | each<br>(befo  | s income from<br>source<br>re deductions and<br>isions)                                       | Sources of in<br>Describe below       |                              | Gross income<br>(before deductions<br>and exclusions)            |
|      | □ No.  | Neither D individual  During the No.  Yes    | ebtor 1 nor I<br>primarily for a<br>90 days before<br>Go to line 7<br>List below<br>paid that control include | a personal, family<br>ore you filed for law.<br>7.<br>each creditor to reditor. Do not in<br>a payments to an | imarily consu<br>y, or househol<br>pankruptcy, di<br>whom you pai<br>clude paymen<br>attorney for th | umer de<br>ld purpo<br>id you pa<br>id a total<br>nts for do<br>his bank | bts. Consumer de se."  ay any creditor a to of \$6,425* or morpomestic support obruptcy case. | tal of \$6,425* or mo                 | ore?<br>yments and the       | 1(8) as "incurred by an ne total amount you nd alimony. Also, do |
|      | ■ Yes.   | Debtor 1                                     | or Debtor 2 o   | or both have pri  | marily consu   | ımer de  | bts.  | tal of \$600 or more                  | •                            |  |
|      |  | ■ No.  | Go to line  | 7.  |  |  |   |                                       |                              |  |
|      |  | ☐ Yes  | include pay   |   | stic support of  |  |   | nd the total amounipport and alimony. |                              | creditor. Do not nclude payments to an                           |
|      | Creditor                                       | 's Name an                                   | d Address   | Da  | tes of payme   | ent  | Total amount paid   | Amount you still owe                  | Was this p                   | payment for  |
| 7.   | Insiders in of which y                         | oclude your<br>ou are an o                   | relatives; any<br>fficer, directo   | general partner<br>r, person in cont  | s; relatives of rol, or owner o  | any gen<br>of 20% o  | eral partners; parti<br>r more of their voti  |                                       | ou are a gene<br>ny managing | ral partner; corporation<br>agent, including one fo              |
|      | _  | List all pavr                                | nents to an ir  | nsider.   |  |  |   |                                       |                              |  |
|      |  | Name and                                     |   |   | tes of payme   | ent  | Total amount  | Amount you                            | Reason fo                    | r this payment   |
| O#:- |  |  |   |   |  |  | paid<br>ndividuals Filing for   | still owe                             |                              |  |
| OHIO | cial Form 107                                  |  |   | Statement (   | ,, i mancial All   | uno iti I  | iiuiviuuais Fiilliy lol   | ∍anki upicy                           |                              | page   |

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Case number (if known) Document

Debtor 1 Tammy Windom

|     | Insider's Name and Address   | Dates of payment                            | Total amount paid     | Amount you still owe | Reason for th                     | is payment                           |
|-----|--|---|-----------------------|----------------------|-----------------------------------|--------------------------------------|
|     | Minnie Windom<br>14836 Langley<br>Dolton, IL 60419   | 1/01/17                                     | \$1,000.00            | \$0.00               |                                   | of loan (used<br>ees, supplies<br>r) |
|     | Sandy Windom<br>18025 Park<br>Lansing, IL  |   | \$2,000.00            | \$0.00               | Repayment<br>living expen<br>etc. | of loan re:<br>nses, gas money       |
| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos   |   | yments or transfer a  | any property on a    | ccount of a deb                   | t that benefited an                  |
|     | ■ No   |   |                       |                      |                                   |                                      |
|     | ☐ Yes. List all payments to an insider   |   |                       |                      |                                   |                                      |
|     | Insider's Name and Address   | Dates of payment                            | Total amount paid     | Amount you still owe | Reason for the Include creditor   |                                      |
| Pa  | rt 4: Identify Legal Actions, Repossession   | ns, and Foreclosures                        |                       |                      |                                   |                                      |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details. |   |                       |                      |                                   |                                      |
|     | Case title Case number   | Nature of the case                          | Court or agency       |                      | Status of the                     | case                                 |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.   |   | perty repossessed, f  | oreclosed, garnis    | shed, attached, s                 | seized, or levied?                   |
|     | ☐ Yes. Fill in the information below.  |   |                       |                      |                                   |                                      |
|     | Creditor Name and Address  | Describe the Property  Explain what happene |                       | Date                 |                                   | Value of the<br>property             |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bed  No  Yes. Fill in the details.  | otcy, did any creditor, in                  |                       | nancial institution  | ı, set off any am                 | ounts from your                      |
|     | Creditor Name and Address  | Describe the action th                      | e creditor took       | Date<br>taker        | action was                        | Amount                               |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  ■ No □ Yes  |   | perty in the possess  | ion of an assigne    | e for the benefi                  | t of creditors, a                    |
| Pa  | rt 5: List Certain Gifts and Contributions   |   |                       |                      |                                   |                                      |
| 13. | Within 2 years before you filed for bankrup  ■ No  □ Yes. Fill in the details for each gift.   | tcy, did you give any gif                   | ts with a total value | of more than \$60    | 0 per person?                     |                                      |
|     | Gifts with a total value of more than \$600 per person   | Describe the gifts                          | 5                     | Dates<br>the g       | s you gave<br>ifts                | Value                                |

Address:

Person to Whom You Gave the Gift and

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| 14. | Within 2 years before you filed for bankr  ■ No   |           |   | s with a total | value of more than                       | \$600 to any charity?     |  |  |
|-----|---|-----------|---|----------------|--|---------------------------|--|--|
|     | ☐ Yes. Fill in the details for each gift or co<br>Gifts or contributions to charities that t<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code  | otal      | on.  Describe what you contributed  |                | Dates you contributed                    | Value                     |  |  |
| Par | t 6: List Certain Losses  |           |   |                |  |                           |  |  |
| 15. | Within 1 year before you filed for bankru or gambling?  | ptcy or   | since you filed for bankruptcy, did yo  | ou lose anyti  | ning because of thef                     | t, fire, other disaster,  |  |  |
|     | ■ No □ Yes. Fill in the details.  |           |   |                |  |                           |  |  |
|     | Describe the property you lost and how the loss occurred  | Include   | the amount that insurance has paid. Lice claims on line 33 of Schedule A/B: F | st pending     | Date of your loss                        | Value of property<br>lost |  |  |
| Par | t 7: List Certain Payments or Transfers   | 5         |   |                |  |                           |  |  |
| 16. | Within 1 year before you filed for bankru consulted about seeking bankruptcy or place any attorneys, bankruptcy petition process.  No Yes. Fill in the details.   | oreparin  | g a bankruptcy petition?  | . ,            | ,, ,                                     | rty to anyone you         |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Y   | ou '      | Description and value of any prope transferred                                | erty           | Date payment<br>or transfer was<br>made  | Amount of payment         |  |  |
|     | Internation   |           | Consolidation on credit cards   |                | through<br>11/2016                       | \$612.00                  |  |  |
|     | Zalutsky & Pinski, Ltd.<br>111 W. Washington<br>Suite 1550<br>Chicago, IL 60602   |           |   |                | 5/19/17                                  | \$207.00                  |  |  |
| 17. | Within 1 year before you filed for bankru<br>promised to help you deal with your crec<br>Do not include any payment or transfer that  | litors or | to make payments to your creditors  |                | r transfer any prope                     | rty to anyone who         |  |  |
|     | ■ No □ Yes. Fill in the details.  |           |   |                |  |                           |  |  |
|     | Person Who Was Paid<br>Address  |           | Description and value of any prope transferred                                | erty           | Date payment or transfer was made        | Amount of payment         |  |  |
| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. |           |   |                |  |                           |  |  |
|     | Yes. Fill in the details.   |           |   |                |  |                           |  |  |
|     | Person Who Received Transfer<br>Address   |           | Description and value of property transferred                                 |                | iny property or received or debts change | Date transfer was made    |  |  |
|     | Person's relationship to you  |           |   |                |  |                           |  |  |

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Debtor 1 **Tammy Windom** 

| 19. | beneficiary? (These are often called asset-prote   |   | property to a so          | elf-settled t | rust or similar device o                                  | f which you are a                     | Э    |  |  |
|-----|--|---|---------------------------|---------------|---|---------------------------------------|------|--|--|
|     | No Yes, Fill in the details.   |   |                           |               |   |                                       |      |  |  |
|     | Ves. Fill in the details.  Name of trust   | Description and va  | alue of the prope         | erty transfe  | rred  | Date Transfer w                       | as   |  |  |
|     | List of Osetsia Figure is I Assessed a location  |   | D                         |               |   | maao                                  |      |  |  |
| Pai | List of Certain Financial Accounts, Insti  | ruments, Safe Deposit   | Boxes, and Stor           | age Units     |   |                                       |      |  |  |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No | other financial accoun  | ts; certificates o        | of deposit; s |   | ·                                     | •    |  |  |
|     | Yes. Fill in the details.  |   |                           |               |   |                                       |      |  |  |
|     |  | Last 4 digits of account number                                 | Type of accoun instrument | c<br>m        | ate account was<br>losed, sold,<br>noved, or<br>ansferred | Last balar<br>before closing<br>trans | j or |  |  |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?   | ar before you filed for   | bankruptcy, any           | safe depos    | sit box or other deposit                                  | ory for securities                    | 5,   |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |                           |               |   |                                       |      |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had acce<br>Address (Number, St<br>State and ZIP Code) |                           |               |   | Do you still have it?                 |      |  |  |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  |   |                           |               |   |                                       |      |  |  |
|     | No   |   |                           |               |   |                                       |      |  |  |
|     | Yes. Fill in the details.  |   |                           |               |   |                                       |      |  |  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or he to it?  Address (Number, State and ZIP Code) |                           |               | e contents  | Do you still have it?                 |      |  |  |
| Pai | rt 9: Identify Property You Hold or Control fo   | or Someone Else   |                           |               |   |                                       |      |  |  |
|     | Do you hold or control any property that some for someone.   |   | de any property           | you borrov    | ved from, are storing fo                                  | or, or hold in trus                   | t    |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |                           |               |   |                                       |      |  |  |
|     | Owner's Name Address (Number, Street, City, State and ZIP Code)  | Where is the propo<br>(Number, Street, City, St<br>Code)        |                           | Describe the  | e property  | Va                                    | lue  |  |  |
| Pa  | rt 10: Give Details About Environmental Infor  | ,   |                           |               |   |                                       |      |  |  |
| For | the purpose of Part 10, the following definition   | ns apply:   |                           |               |   |                                       |      |  |  |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these s                               | air, land, soil, surface  | water, groundw            | • .           | •   |                                       | or   |  |  |
|     | Site means any location, facility, or property a to own, operate, or utilize it, including dispose   | as defined under any e  |                           | w, whether    | you now own, operate,                                     | or utilize it or us                   | sed  |  |  |
|     | Hazardous material means anything an environment hazardous material, pollutant, contaminant, o   |   | s a hazardous w           | /aste, hazaı  | dous substance, toxic                                     | substance,                            |      |  |  |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Tammy Windom

| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?   |   |                                     |                    |  |  |  |  |  |
|-----|--|---|-------------------------------------|--------------------|--|--|--|--|--|
|     | ■ No □ Yes. Fill in the details.   |   |                                     |                    |  |  |  |  |  |
|     | Name of site Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State and ZIP Code)    | Environmental law, if you know it   | Date of notice     |  |  |  |  |  |
| 25. | Have you notified any governmental unit of a   | ·   |                                     |                    |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |                                     |                    |  |  |  |  |  |
|     | Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code) |   |                                     |                    |  |  |  |  |  |
| 26. | Have you been a party in any judicial or admi  | nistrative proceeding under any envir                                   | onmental law? Include settlements   | and orders.        |  |  |  |  |  |
|     | ■ No<br>□ Yes. Fill in the details.  |   |                                     |                    |  |  |  |  |  |
|     | Case Title<br>Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case                  | Status of the case |  |  |  |  |  |
| Par | 11: Give Details About Your Business or C  | onnections to Any Business  |                                     |                    |  |  |  |  |  |
| 27. | Within 4 years before you filed for bankruptc  | y, did you own a business or have any                                   | of the following connections to any | / business?        |  |  |  |  |  |
|     | ☐ A sole proprietor or self-employed in  | a trade, profession, or other activity,                                 | either full-time or part-time       |                    |  |  |  |  |  |
|     | ☐ A member of a limited liability compa  | ny (LLC) or limited liability partnership                               | o (LLP)                             |                    |  |  |  |  |  |
|     | ☐ A partner in a partnership   |   |                                     |                    |  |  |  |  |  |
|     | ☐ An officer, director, or managing exe  | cutive of a corporation   |                                     |                    |  |  |  |  |  |
|     | ☐ An owner of at least 5% of the voting  | or equity securities of a corporation                                   |                                     |                    |  |  |  |  |  |
|     | ■ No. None of the above applies. Go to Pa  | art 12.   |                                     |                    |  |  |  |  |  |
|     | ☐ Yes. Check all that apply above and fill i   | n the details below for each business.                                  |                                     |                    |  |  |  |  |  |
|     |  | Describe the nature of the business                                     | Employer Identification numbe       |                    |  |  |  |  |  |
|     | Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Dates business existed   |   |                                     |                    |  |  |  |  |  |
| 28. | Within 2 years before you filed for bankruptc institutions, creditors, or other parties.   | y, did you give a financial statement to                                | o anyone about your business? Inclu | ude all financial  |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details below.   |   |                                     |                    |  |  |  |  |  |
|     | Name<br>Address<br>(Number, Street, City, State and ZIP Code)  | Date Issued   |                                     |                    |  |  |  |  |  |
|     |  |   |                                     |                    |  |  |  |  |  |

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| l have<br>are tru<br>with a | e and correct. I understand that m | nt of Financial Affairs and any attachments, and I declare unde<br>aking a false statement, concealing property, or obtaining mo<br>s up to \$250,000, or imprisonment for up to 20 years, or both. | . , , , ,                 |
|-----------------------------|------------------------------------|---|---------------------------|
| /s/ Ta                      | nmmy Windom                        |   |                           |
| Tamr                        | ny Windom<br>ture of Debtor 1      | Signature of Debtor 2   |                           |
| Date                        | May 23, 2017                       | Date  |                           |
| _ •                         | u attach additional pages to Your  | Statement of Financial Affairs for Individuals Filing for Bankru  | ptcy (Official Form 107)? |
| No                          |                                    |   |                           |
| ☐ Yes                       | ;                                  |   |                           |
| Did yo                      | u pay or agree to pay someone wh   | no is not an attorney to help you fill out bankruptcy forms?  |                           |
| No                          |                                    |   |                           |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this inform             | mation to identify you                      | ır case:                  |                     |  |              |   |
|---------------------------------|---|---------------------------|---------------------|--|--------------|---|
| Debtor 1                        | Tammy Windon                                | n                         |                     |  |              |   |
| 5                               | First Name                                  | Middle Name               | La                  | st Name  |              |   |
| Debtor 2<br>(Spouse if, filing) | First Name                                  | Middle Name               | La                  | st Name  |              |   |
|                                 |   |                           |                     |  |              |   |
| United States Ba                | ankruptcy Court for the                     | NORTHERN DIS              | TRICT OF ILLINO     | <u> </u>   |              |   |
| Case number                     |   |                           |                     |  |              |   |
| (if known)                      |   |                           |                     |  |              | ☐ Check if this is an                   |
|                                 |   |                           |                     |  |              | amended filing                          |
|                                 |   |                           |                     |  |              |   |
| Official Fo                     | rm 108                                      |                           |                     |  |              |   |
|                                 |   |                           | –                   |  |              |   |
| Statemer                        | nt of Intenti                               | on for Indiv              | <u>/iduals Fi</u>   | iling Under Chapt  | ter /        | 12/15                                   |
|                                 |   |                           |                     |  |              |   |
|                                 | ividual filing under cl                     | • •                       | I out this form if: | :  |              |   |
|                                 | e claims secured by                         |                           |                     |  |              |   |
| -                               | sed personal property                       |                           | •                   |  |              |   |
|                                 |   |                           |                     | nkruptcy petition or by the date<br>. You must also send copies to t |              |   |
| on the                          | •   |                           |                     |  |              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| If two married no               | eonle are filing togeth                     | oer in a joint case, ho   | th are equally re   | esponsible for supplying correct                                     | informativ   | on Both debtors must                    |
|                                 | nd date the form.                           | iei iii a joiiit case, bo | uii are equally re  | sponsible for supplying correct                                      | IIIIOIIIIau  | Jii. Botti debtors must                 |
|                                 |   |                           |                     |  |              |   |
|                                 | and accurate as poss<br>our name and case n |                           | s needed, attach    | a separate sheet to this form. O                                     | n the top o  | of any additional pages,                |
| write y                         | our nume and odde n                         | umber (ii known).         |                     |  |              |   |
| Part 1: List Yo                 | our Creditors Who Ha                        | ave Secured Claims        |                     |  |              |   |
| 1 For any credit                | ore that you listed in                      | Part 1 of Schedule D      | · Creditors Who     | Have Claims Secured by Proper  | rty (Officia | al Form 106D) fill in the               |
| information be                  | •   | rait i oi ochedule b      | . Creditors Wild    | Trave Claims Secured by Froper                                       | ity (Officia | 11 Omi 100 <i>D)</i> , mi m me          |
| Identify the cr                 | editor and the property                     | that is collateral        |                     | intend to do with the property th                                    |              | id you claim the property               |
|                                 |   |                           | secures a deb       | it?  | as           | s exempt on Schedule C?                 |
|                                 |   |                           |                     |  |              |   |
| Creditor's C                    | Credit Acceptance                           | Corp                      | ☐ Surrender tl      | he property.   |              | l <sub>No</sub>                         |
| name:                           |   |                           |                     | property and redeem it.  |              |   |
|                                 |   |                           |                     | property and enter into a  |              | Yes                                     |
|                                 | 2001 Honda Ody                              | sey 200,000+              |                     | ion Agreement.   |              |   |
| property                        | miles                                       |                           |                     | property and [explain]:  |              |   |
| securing debt:                  |   |                           | Pay off the         | contract   |              |   |
| Part 2: List Y                  | our Unexpired Perso                         | nal Proporty Lossos       |                     |  |              |   |
|                                 |   |                           | in Schedule G: I    | Executory Contracts and Unexpi                                       | ired Lease   | es (Official Form 106G), fill           |
| in the informatio               | on below. Do not list r                     | eal estate leases. Un     | expired leases a    | are leases that are still in effect;                                 | the lease p  | period has not yet ended.               |
| You may assume                  | e an unexpired perso                        | nal property lease if     | the trustee does    | not assume it. 11 U.S.C. § 365(p                                     | )(2).        |   |
| Describe your u                 | unexpired personal p                        | onerty leases             |                     |  | Will the     | e lease be assumed?                     |
| 20001120 your a                 | anoxpirou porconai pi                       | oporty loaded             |                     |  |              | o loudo do dodamou l                    |
| Lessor's name:                  |   |                           |                     |  | ☐ No         |   |
| Description of lea              | ased  |                           |                     |  | _            |   |
| Property:                       |   |                           |                     |  | ☐ Yes        | <b>;</b>                                |
| Lessor's name:                  |   |                           |                     |  | п.,          |   |
| Description of lea              | ased  |                           |                     |  | ☐ No         |   |
| Property:                       | <b>-</b>                                    |                           |                     |  | ☐ Yes        | 3                                       |
|                                 |   |                           |                     |  | 30           |   |
| Lessor's name:                  |   |                           |                     |  | □ No         |   |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| Debtor 1 Tammy Windom  | Case number (if known)   |
|--|--|
| Description of leased  | Пу   |
| Property:  | ☐ Yes  |
| Lessor's name: Description of leased   | □ No   |
| Property:  | ☐ Yes  |
| Lessor's name: Description of leased   | □ No   |
| Property:  | ☐ Yes  |
| Lessor's name: Description of leased   | □ No   |
| Property:  | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased Property:  | ☐ Yes  |
| Part 3: Sign Below   |  |
| Under penalty of perjury, I declare that I have indicated my intention property that is subject to an unexpired lease. | about any property of my estate that secures a debt and any personal |
| X /s/ Tammy Windom   | X  |
| Tammy Windom   | Signature of Debtor 2  |
| Signature of Debtor 1  |  |
| Date May 23, 2017  | Date   |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-15977 Doc 1 Filed 05/23/17 Entered 05/23/17 16:04:08 Desc Main Document Page 44 of 48

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In re | Tammy Windom  |  | Case No.   |                                   |  |
|-------|---|--|--|-----------------------------------|--|
|       |   | Debtor(s)  | Chapter  | 7                                 |  |
|       | DISCLOSURE OF COMPE   | NSATION OF ATTOR   | RNEY FOR DE  | CBTOR(S)                          |  |
|       | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:   |  |  |                                   |  |
|       | For legal services, I have agreed to accept   |  | \$   | 207.00                            |  |
|       | Prior to the filing of this statement I have received   |  |  | 207.00                            |  |
|       | Balance Due   |  |  | 0.00                              |  |
| 2.    | \$  |  |  |                                   |  |
| 3.    | The source of the compensation paid to me was:  |  |  |                                   |  |
|       | ■ Debtor □ Other (specify):   |  |  |                                   |  |
| 4.    | The source of compensation to be paid to me is:   |  |  |                                   |  |
|       | ■ Debtor □ Other (specify):   |  |  |                                   |  |
| 5.    | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  |  |  |                                   |  |
|       | ☐ I have agreed to share the above-disclosed compensopy of the agreement, together with a list of the na  |  |  |                                   |  |
| 6.    | In return for the above-disclosed fee, I have agreed to r   | render legal service for all aspect  | s of the bankruptcy c  | ase, including:                   |  |
|       | <ul> <li>a. Analysis of the debtor's financial situation, and rend</li> <li>b. Preparation and filing of any petition, schedules, sta</li> <li>c. Representation of the debtor at the meeting of credit</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and applications</li> <li>522(f)(2)(A) for avoidance of liens on how</li> </ul> | tement of affairs and plan which<br>tors and confirmation hearing, ar<br>reduce to market value; exe<br>ons as needed; preparation | may be required;<br>and any adjourned hea<br>emption planning; | rings thereof;                    |  |
|       | Outside counsel may be employed und   | er firm supervision, and pa  | id by our firm.  |                                   |  |
| 7.    | By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any di  |  |  | / proceeding.                     |  |
|       |   | CERTIFICATION  |  |                                   |  |
| 1     | I certify that the foregoing is a complete statement of an anarcuptcy proceeding.   | ny agreement or arrangement for  | payment to me for re   | epresentation of the debtor(s) in |  |
| N     | lay 23, 2017  | /s/ Alexander Tyn  | ıkov   |                                   |  |
| Date  |   | Alexander Tynko  |  |                                   |  |
|       |   | Signature of Attorne <b>Zalutsky &amp; Pinsk</b> i   |  |                                   |  |
|       |   | 111 W. Washingto   |  |                                   |  |
|       |   | Suite 1550<br>Chicago, IL 60602  | 2  |                                   |  |
|       |   | 312-782-9792 Fa  | x: 312-782-0483  |                                   |  |
|       |   | admin@ZAPLawl  | Firm.com   |                                   |  |
|       |   | Name of law firm   |  |                                   |  |

### PRE-PETITION CHAPTER 7 RETAINER AGREEMENT

to retain the law/firm of Zalutsky & Pinski, Ltd., for the limited purpose of providing legal service related to an including; providing an evaluation of the undersigned's financial situation and an explanation of available options, including Chapter 13. After which Zalutsky & Pinski, Ltd., agreed to prepare and file Debtor(s)' petition and/or schedules with the Clerk of the Bankruptcy Court. In addition to the legal services provided, Zalutsky & Pinski, Ltd., agrees to obtain a credit report on behalf of the Debtor(s) as well as assist in the procurement of mandatory credit counseling. Zalutsky & Pinski, Ltd.'s representation is completed and any and all agreements, including but not limited to this one are terminated upon the filing of Debtor(s)' Bankruptcy petition and/or schedules.

Debtor(s) agrees to pay a retainer in the amount of \$ 600 to Zalutsky & Pinski, Ltd., for the above stated pre-filing legal services, related expenses, and court costs. It is understood that any monies paid for said services, related expenses, and court costs is nonrefundable once received by Zalutsky & Pinski, Ltd., regardless of whether or not a potition is filed with the Bankey to Salutsky & Pinski, Ltd., regardless of whether or

not a petition is filed with the Bankruptcy Court.

It is also understood that both Debtor(s) and Zalutsky & Pinski, Ltd., enter this agreement with the intention that upon the completion/termination of services contracted for under this agreement, Debtor(s) will enter into a second retainer agreement with Zalutsky & Pinski, Ltd., for post-filing bankruptcy related services. It is understood that neither Debtor(s) nor Zalutsky & Pinski, Ltd., are under any further obligation to each other once the services contemplated under this agreement have been terminated and/or the Bankruptcy petition has been filed with the Court. Debtor(s) retains the ability to represent himself or is free to obtain other representation for services to be rendered subsequent to the filing of the Chapter 7 petition. If Debtor(s) intend(s) to have Zalutsky & Pinski, Ltd., as their legal representative subsequent to the petition being filed, an additional retainer agreement must be entered into at that time.

It is further understood that any funds received by Zalutsky & Pinski, Ltd., in excess of the initial pre-filing retainer \$\_\_\_\_\_\_, shall be held by the firm with the understanding that these funds are to be applied to Debtor(s)' fees for post-petition services should Debtor(s) opt to retain Zalutsky & Pinski, Ltd. In the event that Debtor(s) does not elect to retain Zalutsky & Pinski, Ltd., after the termination of this agreement, or Debtor(s) expressly requests that those funds paid in excess be returned, then Zalutsky & Pinski, Ltd., agrees to refund all funds received in excess of the amount listed in this prepetition retainer agreement.

Debtor

ZALUTSKY & PINSKI, LTD.

X

Joint Debtor

Date

Date

### United States Bankruptcy Court Northern District of Illinois

| In re | Tammy Windom                               |   | Case No.                       |               |
|-------|--|---|--------------------------------|---------------|
|       | •  | Debtor(s)   | Chapter 7                      |               |
|       | VE   | RIFICATION OF CREDITOR M                          | IATRIX                         |               |
|       |  | Number of   | Creditors:                     | 13            |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit           | tors is true and correct to th | ne best of my |
| Date: | May 23, 2017                               | /s/ Tammy Windom Tammy Windom Signature of Debtor |                                |               |

Berkshire Bk Po Box 472 Kingston, NJ 08528

Cardworks/CW Nexus Attn: Bankruptcy Po Box 9201 Old Bethpage, NY 11804

Credit Acceptance 25505 West 12 Mile Rd Suite 3000 Southfield, MI 48034

Credit Acceptance Corp P. O. Box 55000 Dept. 18880 Detroit, MI 48255

Fifth Third Bank Attn: Bankruptcy 1850 East Paris Ave, Se Grand Rapds, MI 49546

Franciscan Alliance Inc. 28044 Network Place Chicago, IL 60673-1280

OneMain Attn: Bankruptcy 601 Nw 2nd St Evansville, IN 47708

Payliance 3 Easton Oval Ste 210 Columbus, OH 43219

Synchrony Bank/Care Credit Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Synchrony Bank/Walmart Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Target C/O Financial & Retail Srvs Mailstopn BT POB 9475 Minneapolis, MN 55440

Turner Accep 5900 W Howard St Skokie, IL 60077

Wffnb Retail Cscl Dispute Team Des Moines, IA 50306